



CITY OF SAINT PAUL  
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Battle Creek Recreation Center – S'More Fun  
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Saint Paul, MN 55119  
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## \* RETURN TO BATTLE CREEK\*

**Battle Creek Community Recreation Center**

**SUMMER S'MORE FUN 2011**

**Registration Check Off**

**\*To be checked off by staff\***

Child's Name \_\_\_\_\_

\_\_\_\_\_ \$30.00 Non-Refundable Registration Fee

\_\_\_\_\_ Registration Form

\_\_\_\_\_ Fee Contract Form, duplicate to be sent home

\_\_\_\_\_ **First Weeks Tuition**-\$150/week for 5 days per week or  
\$32/day for part time (Fees do **NOT** include field trips).

\*A staff member will determine the correct amount and  
contact you with the exact amount owed.

\_\_\_\_\_ Emergency Information Form

\_\_\_\_\_ Medication Permission Form (if needed)

\_\_\_\_\_ Release Form

\_\_\_\_\_ Parent Received Parent Handbook

**REGISTRATION FORM**  
**(PLEASE PRINT CLEARLY)**

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_ Birth Date \_\_\_\_ \* \_\_\_\_ \* \_\_\_\_ Sex: Female Male

Child resides with: \_\_\_\_\_ both parents \_\_\_\_\_ mother \_\_\_\_\_ father  
\_\_\_\_\_ guardian \_\_\_\_\_ stepmother \_\_\_\_\_ stepfather

**Mother/Guardian's Name** \_\_\_\_\_

**Stepfather's Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (     ) \_\_\_\_\_ Cell phone (     ) \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone (     ) \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Father/ Guardian's Name** \_\_\_\_\_

**Stepmother's Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (     ) \_\_\_\_\_ Cell phone (     ) \_\_\_\_\_

Business Name \_\_\_\_\_ Business Phone(     ) \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Persons authorized to pick your child up from Battle Creek. Photo identification  
will be requested by staff, prior to releasing your child.

**\*MUST BE 18 years old or older\***

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	(     ) _____
_____	_____	(     ) _____
_____	_____	(     ) _____

### **HELPFUL ADDITIONAL INFORMATION**

List any condition present that might result in an emergency, and a correct plan of action:

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List any special needs of your child (allergies, special diet, medications your child takes, etc.):

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Language, other than English, your child speaks or understands:

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Special interests or favorite activities of your child:

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Particular behavior difficulties or potential problems we should be aware of:

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Any additional information that would be helpful:

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In relation to your child, what are your expectations of the Battle Creek S'more Fun Program:

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**S'MORE FUN**  
**EMERGENCY INFORMATION FORM**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (    ) \_\_\_\_\_ Birth Date \_\_\_\_\_ \* \_\_\_\_\_ \*

Mother's Name \_\_\_\_\_

Cell Phone (    ) \_\_\_\_\_ Business phone (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Name \_\_\_\_\_

Cell Phone (    ) \_\_\_\_\_ Business Phone (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent - Guardian to contact in case of an emergency: \_\_\_\_\_

If my child becomes ill, and I cannot be reached, please call:

(for their address please just state the city in which they live in)

1. Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Doctor and Clinic \_\_\_\_\_

Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Medical Insurance Company, and Policy Number for your child:

\_\_\_\_\_

Preferred Hospital - Emergency Room \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**BATTLE CREEK S'MORE FUN PROGRAM  
RELEASE FORM**

Child's Name \_\_\_\_\_

**Program**

I agree to abide by the terms and conditions of the Saint Paul Parks and Recreation, Battle Creek S'MORE FUN Program, policies of which I have received a copy, governing the enrollment of my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Field Trips**

I agree to permit my child to participate in the field trips sponsored by the Battle Creek S'MORE FUN Program. Trips planned will be posted.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Emergencies**

In the case of a life-threatening emergency involving my child, I authorize the Battle Creek S'MORE FUN Program Staff to use the Saint Paul Paramedics to transport my child to the nearest hospital Emergency Room, for emergency medical treatment. The child will be transported at the expense of the parent. (If you prefer a specific hospital, please indicate which one. We will use it if possible.)

Hospital \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Sun Screen**

My child has permission to apply sun screen, and the staff has permission to help my child do so if needed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Anecdotes and Pictures**

I grant permission to Battle Creek Recreation Center to use my child's name, pictures and anecdotes for the purpose of educating the public to the services available.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Shirts**

S'more fun provides 1 shirt for each child to wear on field trip days. Please keep track of this shirt, as we will use it for the entire summer. Your child may keep the shirt at the end of the summer.

**Shirt Size:** Child's \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ XL  
Adult \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ XL

**Battle Creek S'MORE FUN Program  
SUMMER 2011 FEE CONTRACT**

COST-\$150/WEEK OR \$32/DAY for part time (field trip fees are not included)

Name of child \_\_\_\_\_ Registration Fee (check #) \_\_\_\_\_ Receipt # \_\_\_\_\_

**\*Please only circle the days your child will be attending. Please do not fill in the cost of tuition. S'more Fun staff will fill out the rest of the form and send you a copy. S'more Fun will be closed on Monday, July 4th, 2010**

Week	Dates	Days	Due Date	Cost of tuition	Cost of field trip (plus swimming costs)	Total cost for the week	Check # Cash or CC	Receipt
1	June 20-24	M T W T H F	June 20					
2	June 27-July 1	M T W T H F	June 27					
3	July 5 - July 8	T W T H F	July 5					
4	July 11 – 15	M T W T H F	July 11					
5	July 18 - 22	M T W T H F	July 18					
6	July 25 - 29	M T W T H F	July 25					
7	August 1 - 5	M T W T H F	August 1					
8	August 8 - 12	M T W T H F	August 8					
9	August 15 -19	M T W T H F	August 15					
10	August 22 - 26	M T W T H F	August 22					

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_